

<i>SERFF Tracking Number:</i>	<i>JEPT-126548549</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45419</i>
<i>Company Tracking Number:</i>	<i>PIC 10</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental</i>		
<i>Project Name/Number:</i>	<i>PIC 10/</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Dental

SERFF Tr Num: JEPT-126548549 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 45419

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: PIC 10

State Status: Waiting Industry
Reponse & Filing Fees

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: James Kane, Debbie
Turek, Bonnie White, Jeanine
Taylor, Raymond Fortier, Betty
Spratlen

Disposition Date: 05/10/2010

Date Submitted: 04/14/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: PIC 10

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/10/2010

Deemer Date:

Submitted By: James Kane

Filing Description:

NAIC No.: 020-65676

FEIN No.: 35-0472300

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 04/19/2010

Created By: Jeanine Taylor

Corresponding Filing Tracking Number:

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET

SERFF Tracking Number: JEPT-126548549 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 45419
Company Tracking Number: PIC 10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: PIC 10/
LITTLE ROCK, AR 72201-1904

Re. Group Dental Insurance Form
GL11-PIC 10 AR; Prior Plan Credit Insert Page
GL12-PIC 10 AR; Prior Plan Credit Insert Page
The Lincoln National Life Insurance Company

We are submitting the required number of copies of the above referenced forms for your review and approval. These are new forms and will not replace any previously approved forms. The forms will be used in conjunction with previously approved Group Policy Series GL11 and Group Certificate Series GL12, respectively, marketed primarily to employer groups by licensed agents and brokers.

These forms provide prior plan credit for those covered under the group's prior dental plan.

An Appendix of Variable Material for these forms is included in this filing.

This filing is being submitted concurrently to our Home State of Indiana and is pending approval. The appropriate certification(s), checklist, transmittal and filing fee are included, as applicable. To the best of our knowledge and belief, the filing complies with all the laws and regulations of your state. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, ext. 5426, or via the fax number or email address shown below.

Sincerely,

E-mail: James.Kane@lfg.com

Fax: (603) 226-5128

Company and Contact

Filing Contact Information

Debbie Turek, Director, Insurance Products deborah.turek@lfg.com
Compliance
8801 Indian Hills Drive 402-361-2643 [Phone]
P.O. Box 2616 402-361-2568 [FAX]
Omaha, NE 68114

SERFF Tracking Number: JEPT-126548549 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 45419
 Company Tracking Number: PIC 10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Group Dental
 Project Name/Number: PIC 10/

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street Group Code: 20 Company Type: Group
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? Yes
 Fee Explanation: 2 forms x \$35.00 per form = \$70.00 TOTAL.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$70.00	04/14/2010	35655340
The Lincoln National Life Insurance Company	\$30.00	04/19/2010	35758498

SERFF Tracking Number:	JEPT-126548549	State:	Arkansas
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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Dental		
Project Name/Number:	PIC 10/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/10/2010	05/10/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Filing Fees	Note To Reviewer	James Kane	05/10/2010	05/10/2010
Additional Filing Fees	Note To Filer	Rosalind Minor	04/19/2010	04/19/2010

<i>SERFF Tracking Number:</i>	<i>JEPT-126548549</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45419</i>
<i>Company Tracking Number:</i>	<i>PIC 10</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Dental</i>		
<i>Project Name/Number:</i>	<i>PIC 10/</i>		

Disposition

Disposition Date: 05/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	JEPT-126548549	State:	Arkansas
Filing Company:	The Lincoln National Life Insurance Company	State Tracking Number:	45419
Company Tracking Number:	PIC 10		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Dental		
Project Name/Number:	PIC 10/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Appendix of Variability	Approved-Closed	Yes
Form	Prior Plan Credit, Policy Insert Page	Approved-Closed	Yes
Form	Prior Plan Credit, Certificate Insert Page	Approved-Closed	Yes

SERFF Tracking Number: *JEPT-126548549* *State:* *Arkansas*
Filing Company: *The Lincoln National Life Insurance Company* *State Tracking Number:* *45419*
Company Tracking Number: *PIC 10*
TOI: *H10G Group Health - Dental* *Sub-TOI:* *H10G.000 Health - Dental*
Product Name: *Group Dental*
Project Name/Number: *PIC 10/*

Note To Reviewer

Created By:

James Kane on 05/10/2010 01:19 PM

Last Edited By:

Rosalind Minor

Submitted On:

05/10/2010 01:24 PM

Subject:

Additional Filing Fees

Comments:

Dear Ms. Rosalind Minor:

Please note; an additional filing fee in the amount of \$30.00 was submitted on April 19, 2010 under Transaction # 35758498.

Sincerely,
Jim Kane

The Lincoln National Life Insurance Company
1(800) 258-3648 Ext. 5426
E-mail: James.Kane@lfg.com

SERFF Tracking Number: JEPT-126548549 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 45419
Company Tracking Number: PIC 10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: PIC 10/

Note To Filer

Created By:

Rosalind Minor on 04/19/2010 09:07 AM

Last Edited By:

Rosalind Minor

Submitted On:

05/10/2010 01:24 PM

Subject:

Additional Filing Fees

Comments:

Our filing fees under Rule 57 has been updated. Please review the General Instructions for ArkansasLH.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$30.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

SERFF Tracking Number: JEPT-126548549 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 45419

Company Tracking Number: PIC 10

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Dental

Project Name/Number: PIC 10/

Form Schedule

Lead Form Number: GL11-PIC 10 AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/10/2010	GL11-PIC 10 AR	Policy/Cont Prior Plan Credit, ract/Fratern Policy Insert Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.400	PIC10AR.pdf
Approved-Closed 05/10/2010	GL12-PIC 10 AR	Certificate Prior Plan Credit, Amendmen Certificate Insert t, Insert Page Page, Endorseme nt or Rider	Initial		59.800	PIC10AR.pdf

PRIOR PLAN CREDIT

ELIGIBILITY. A Covered Person is eligible for Prior Plan Credit if:

- (1) the Schedule of Benefits shows that the Prior Plan Credit provision applies;
- (2) the Dental Expense Benefits under this Policy replace a Prior Plan; and
- (3) the Covered Person immediately becomes covered under this dental plan on the day the [Group Policyholder's/Participating Employer's], affiliate's, or acquired company's Dental Expense Benefits under this Policy take effect.

EFFECT OF PRIOR PLAN CREDIT ON BENEFITS. If this provision applies, then the Covered Person's Dental Expense Benefits will be payable as follows.

- (1) Any amounts used to satisfy the Covered Person's Deductible under the Prior Plan will be credited toward the satisfaction of his or her Deductible under this Policy; provided:
 - (a) the expenses would be Covered Expenses under this Policy;
 - (b) the expenses are incurred during the same [Calendar/Policy/Plan] Year in which Dental Expense Benefits under this Policy take effect; and
 - (c) the Covered Person sends the Company a claim worksheet explaining the benefits paid by the Prior Plan.
- {(2) Benefits paid by the Prior Plan in the same [Calendar/Policy/Plan] Year as this Policy takes effect will be applied towards the [Calendar/Policy/Plan] Year Maximum under this Policy.}
- [(3) Orthodontia Benefits paid by the Prior Plan will be applied toward the Lifetime Maximum for Type 4 services (Child Orthodontia) under this Policy.]
- (4) The Covered Person's continuous months of coverage under the Prior Plan just before it terminated will count toward this Policy's Benefit Waiting Period for Type 2 Procedures (Basic Care) [or Type 3 services (Major Care)], if any.
- [(5) The Covered Person's continuous months of coverage under the Prior Plan just before it terminated will also count toward any Benefit Waiting Period for Type 4 services (Child Orthodontia) under this Policy; but only if both the Prior Plan and this Policy provide orthodontia benefits.]
- [(6) Expense that the Covered Person incurs for initial placement of a prosthetic appliance or fixed bridge will be covered; provided:
 - (a) the placement is needed to replace one or more natural teeth extracted while insured for Dental Expense Benefits under this Policy or under the Prior Plan;
 - (b) the replacement would have been covered under the Prior Plan; and
 - (c) the extracted teeth are not third molars (wisdom teeth).]

DEFINITION

"Prior Plan" means:

- (1) the [Group Policyholder's/Participating Employer's] Prior Group Dental Plan; or
- (2) the Prior Dental Plan of an affiliate or an entity acquired by the Group Policyholder after the Policy's effective date;

which this Policy replaced:

- (1) within 1 day of the Prior Plan's termination date; or
- (2) within 60 days of the Prior Plan's termination date, if the Employer has more than 15 Covered Employees under this Policy on its effective date.

PRIOR PLAN CREDIT

ELIGIBILITY. A Covered Person is eligible for Prior Plan Credit if:

- (1) the Schedule of Benefits shows that the Prior Plan Credit provision applies;
- (2) the Dental Expense Benefits under the Policy replace a Prior Plan; and
- (3) the Covered Person immediately becomes covered under this dental plan on the day the Employer's, affiliate's, or acquired company's Dental Expense Benefits under the Policy take effect.

EFFECT OF PRIOR PLAN CREDIT ON BENEFITS. If this provision applies, then your or your Dependent's Dental Expense Benefits will be payable as follows.

- (1) Any amounts used to satisfy that person's Deductible under the Prior Plan will be credited toward the satisfaction of his or her Deductible under the Policy; provided:
 - (a) the expenses would be Covered Expenses under the Policy;
 - (b) the expenses are incurred during the same [Calendar/Policy/Plan] Year in which Dental Expense Benefits under the Policy take effect; and
 - (c) you send the Company a claim worksheet explaining the benefits paid by the Prior Plan.
- {(2) Benefits paid by the Prior Plan in the same [Calendar/Policy/Plan] Year as the Policy takes effect will be applied towards the [Calendar/Policy/Plan] Year Maximum under the Policy.}
- [(3) Orthodontia Benefits paid by the Prior Plan will be applied toward the Lifetime Maximum for Type 4 services (Child Orthodontia) under the Policy.]
- [(4) That person's continuous months of coverage under the Prior Plan just before it terminated will count toward the Policy's Benefit Waiting Period for Type 2 Procedures (Basic Care) [or Type 3 services (Major Care)], if any.
- [(5) Your or your Dependent child's continuous months of coverage under the Prior Plan just before it terminated will also count toward any Benefit Waiting Period for Type 4 services (Child Orthodontia) under the Policy; but only if both the Prior Plan and the Policy provide orthodontia benefits.]
- [(6) Expense that person incurs for initial placement of a prosthetic appliance or fixed bridge will be covered; provided:
 - (a) the placement is needed to replace one or more natural teeth extracted while insured for Dental Expense Benefits under the Policy or under the Prior Plan;
 - (b) the replacement would have been covered under the Prior Plan; and
 - (c) the extracted teeth are not third molars (wisdom teeth).]

DEFINITION

"Prior Plan" means:

- (1) your Employer's Prior Group Dental Plan; or
- (2) the Prior Dental Plan of an affiliate or an entity acquired by your Employer after the Policy's effective date;

which the Policy replaced:

- (1) within 1 day of the Prior Plan's termination date; or
- (2) within 60 days of the Prior Plan's termination date, if your Employer has more than 15 Covered Employees under the Policy on its effective date.

SERFF Tracking Number:	JEPT-126548549	State:	Arkansas
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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Dental		
Project Name/Number:	PIC 10/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/10/2010
Comments:		
Please refer to the Regulation 19 Certification and Readability Certification attached below.		
Attachments:		
FL041410 PIC 10 AR Dental Regulation 19.pdf		
FL041410 PIC 10 Readability.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	05/10/2010
Comments:		
The GL2-APP.09/02 was approved 05/04/2007.		

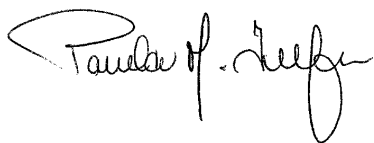
	Item Status:	Status
		Date:
Satisfied - Item: Appendix of Variability	Approved-Closed	05/10/2010
Comments:		
Please refer to the Appendix of Variability, attached below, which corresponds to the forms attached to the Form Schedule tab.		
Attachment:		
AR Appendix of Variability for PIC 10 forms.pdf		

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL11-PIC 10 AR, GL12-PIC 10 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Pamela M. Telfer

Name

Assistant Vice President, Product Compliance & State Filing

Title

April 9, 2010

Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.

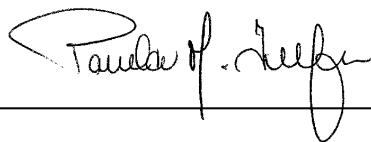
GL11-PIC 10

GL12-PIC 10

FLESCH SCORE

59.4

59.8

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line.

(An Officer of the Company)

Pamela M. Telfer

Assistant Vice President, Product Compliance

Date: March 22, 2010

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
APPENDIX OF VARIABILITY
Supplemental Information on Alternate Versions and Variables for Forms in
Group Dental Policy Series GL11 and Certificate Series GL12

The following forms may be used with the group Dental benefits provided in this Series. Forms numbered GL11 are policy insert pages, while those numbered GL12 are certificate insert pages.

PRIOR PLAN CREDIT. Policy form GL11-PIC 10 AR and certificate form GL12-PIC 10 AR explain the Prior Plan Credit provision that is used when our plan replaces an existing dental plan.

- A. In the **ELIGIBILITY** section, the bracketed reference to Group Policyholder may include the Participating Employer text or just show Participating Employer if only the Participating Employers have prior coverage.
- B. Under the **EFFECT OF PRIOR PLAN CREDIT ON BENEFITS** section, the following variability applies.
 - 1. The bracketed Calendar Year may be changed to reference Policy Year or Plan Year, if requested by the Group Policyholder.
 - 2. The bracketed item (2) may be omitted if the benefits paid under the prior plan are not to be applied to the maximum benefit limits of the Policy.
 - 3. The bracketed item (3) may be omitted if Orthodontia benefits are not included or there is no Lifetime Maximum for Type 4 services under the group's plan of coverage. The remaining items will be numbered accordingly.
 - 4. In item (4), the bracketed Type 3 services may be omitted if such benefits are not included in the group's plan of coverage.
 - 5. Item (5) may be omitted when orthodontia is not included or there are no Benefit Waiting Periods for Type 4 services. The remaining items will be numbered accordingly.
 - 6. Item (6) may be omitted when such benefits are not included in the group's plan of coverage. The remaining items will be numbered accordingly.
- C. Under the **DEFINITION** section, the following variability applies.
 - 1. The bracketed reference to Group Policyholder may include the Participating Employer text or just show Participating Employer if only the Participating Employers have prior coverage.
 - 2. The underlined 1 day may range from 1 to 90 days.